PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

indicated unless correcte maintenance fee notifica	ed below or directed of	herwise in Block 1, by (a			pondence address;	and/or		rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
27569 7590 07/08/2008					have its own certificate of mailing or transmission.				
PAUL AND PAUL 2000 MARKET STREET SUITE 2900					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
PHILADELPHI	A, PA 19103							(Depositor's mame)	
								(Signature)	
				L				(Date)	
APPLICATION NO.	FILING DATE	FILING DATE		FIRST NAMED INVENTOR		ATTO	CONFIRMATION NO.		
09/935,926	08/23/2001		Thomas Welsh		2001-195		1408		
TITLE OF INVENTION: LINEAR COMPRESSION LATCH									
APPLN. TYPE	SMALL ENTITY	ISSUE FEH DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300		\$0		\$1740	10/08/2008	
EXAM	INER	ART UNIT	CLASS-SUBCLASS						
LUGO, CARLOS		3673	292-143000						
1. Change of corresponde	ence address or indication	n of "Fee Address" (37	2. For printing on t	he pa	tent front page, list	l	D)	. Dav.1	
CFR 1.363). Change of correspo	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.									
							3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON T
PLEASE NOTE: Unb	ess an assignee is identify in 37 CFR 3.11. Comm	ified below, no assignee	data will appear on the	he pat	ent. If an assigne	e is ide	entified below, the do	cument has been filed for	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Southco, Inc. Concordville, PA									
	-	nategories (will not be no			•	moratic	on or other oriuste arm	p entity Government	
		· ·	inica on the patenty.		individual Co	рсканс	ni or outer private grou	penny Covernment	
4a. The following fee(s) a Issue Fee	re submitted:	4b	. Payment of Fee(s): (land) A check is enclosed		e first reapply any	y previ	ously paid issue fee s	hown above)	
5								. 1	
Advance Order - #	Payment by credit card. Any additional The Director is hereby authorized to charge the remitted fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 16-0750 (enclose an extra copy of this form).								
			overpayment, to D	eposi	t Account Number	10-	U/DU (enclose an	extra copy of this form).	
 Change in Entity Stat a. Applicant claims 	us (from status indicated SMALL ENTITY statu		b. Applicant is no	longe	er claiming SMAL	L ENT	ITY status. See 37 CF	R 1.27(g)(2).	
NOTE: The Issue Fee and	Publication Fee (if requestred & Af the United State	rired) will not be accepted tes Patent and Trademark	from anyone other th						
Authorized Signature	·		Date Sept	emb	per 22, 200)8			
Typed or printed name			Registration No						
in application. Confidenti	atity is governed by 35	FR 1.311. The informatio U.S.C. 122 and 37 CFR USPTO. Time will vary den. should be sent to the	1.14. This collection is	estin	nated to take 12 in	inuics (to complete, including	by the USPTO to process) gathering, preparing, and e you require to complete tment of Commerce, P.O.	

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.